

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 18, 2023

[REDACTED]
BENTLEY AID OPCO LLC
[REDACTED]

RE: GARDEN WAY PLACE
2400 GARDEN WAY
HERMITAGE, PA, 16148
LICENSE/COC#: 44492

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2022, 10/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: GARDEN WAY PLACE License #: 44492 License Expiration: 01/11/2024
 Address: 2400 GARDEN WAY, HERMITAGE, PA 16148
 County: MERCER Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: BENTLEY AID OPCO LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 12/24/1997 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 39 Waking Staff: 29

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/06/2022

Inspection Dates and Department Representative

10/05/2022 On Site [REDACTED]
 10/06/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 47 Residents Served: 26

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 13 Have Physical Disability: 0

Inspections / Reviews

10/05/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/01/2022

12/15/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/10/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/22/2022

Inspections / Reviews *(continued)*

12/23/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/06/2023

02/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42e - Telephone Access

1. Requirements

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

The resident telephone, located at the front desk near the main entrance, is not cordless and does not permit residents to make calls in privacy.

Plan of Correction

Accept [redacted] - 12/23/2022)

- On 10/7/22, Maintenance Tech (MT) installed a cordless phone the front desk, which permits residents to make calls in privacy. (Exhibit 1.A Picture)
- On 10/31/22, RDCS re educated Executive Director (ED) on the requirements set within regulation 2600.42e. (Exhibit 1.B Inservice)
- Starting 10/31/22, ED or designee will check to ensure cordless phone is present, functioning and available to residents weekly x 4 weeks, bi weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.42e. (Exhibit 1.C Audit)
- ED will discuss the results of the audit during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion Date: 10/31/22

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [redacted] 02/18/2023)

92 - Windows

2. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There is no screen in the living room window in room [redacted]

Plan of Correction

Accept ([redacted] - 12/23/2022)

- On 10/7/22, MT installed a screen in the living room window in room [redacted]. (Exhibit 2.A – Picture)
- On 10/7/22, ED and MT checked all windows in the community to ensure compliance with regulation 2600.92. No other issues were noted.
- On 10/31/22, RDCS re-educated ED and Maintenance Tech (MT) on the requirements set within regulation 2600.92. (Exhibit 2.B – Inservice)
- Starting 10/31/22, MT or designee will check 2 resident rooms and 1 employee office to ensure all windows have screen and are in good repair weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.92. (Exhibit 2.C – Audit)
- ED will discuss the results of the audit during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion Date: 10/31/22

92 - Windows (continued)

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [REDACTED] - 02/18/2023)

126a - Furnace Inspection

3. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 10/23/20.

Plan of Correction

Accept [REDACTED] - 12/23/2022)

- On 10/31/22, furnace inspection was completed by third party vendor specializing in furnace cleaning and inspections. (Exhibit 3.A – Inspection)
- On 10/31/22, RDCS re-educated ED and MT on the requirements set within regulation 2600.92. (Exhibit 3.B – nservice)
- On 10/31/22, ED and MT set calendar reminders to schedule furnace cleaning for next year.
- Completion Date: 10/31/22

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [REDACTED] - 02/18/2023)

127a - Portable Space Heaters

4. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 10/05/22 at 12:28 PM, a portable space heater was plugged in and sitting on the floor of the maintenance room in front of a desk.

Plan of Correction

Accept [REDACTED] - 12/23/2022)

- On 10/5/22, MT removed portable space heater from the community.
- On 10/6/22, ED and MT checked all resident rooms and employee offices to ensure there were no other space heaters in the community. No other space heaters were found.
- On 10/31/22, ED re-educated all staff on the requirements set within regulation 2600.127a. (Exhibit 4.A – Inservice)
- Starting 10/31/22, MT or designee will check 2 resident rooms and 1 employee office to ensure no portable space heaters are present weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.92. (Exhibit 4.B – Audit)
- ED will discuss the results of the audit during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion Date: 10/31/22

Licensee's Proposed Overall Completion Date: 01/31/2023

127a - Portable Space Heaters (*continued*)

Implemented (████) 02/18/2023)

131f - Fire Extinguisher Inspection

5. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

All 16 fire extinguishers have not been inspected by a fire safety expert since September 2021.

POC Submission

Accepted (████) - 12/15/2022)

- On 10/31/2022, all 16 fire extinguishers were inspected by a fire safety expert. (Exhibit 5.A – Inspection)
- On 10/31/2022, RDCS re-educated ED and MT on the requirements set within regulation 2600.131f. (Exhibit 5.B – Inservice)
- On 10/31/2022, ED and MT set calendar reminders to schedule fire extinguisher inspection by a fire safety expert for next year

Licensee's Plan Completion Date: 01/31/2023

Implemented (████) - 02/18/2023)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On █████/███/22, █████ prescribed for resident #1, was in the medication cart; however, the medication was discontinued on 05/28/22.

Plan of Correction

Accepted (████) - 12/23/2022)

- On 10/5/22, █████ for resident #1 was destroyed by CSM per company protocol.
- On 10/7/22, CSM audited medication carts to ensure only current prescription, OTC, sample and CAM for individuals living in the home were present. No other discontinued medications were found.
- On 10/31/22, ED re-educated CSM on the requirements set within regulation 2600.183d. (Exhibit 6.A – Inservice)
- Starting 10/31/22, CSM or designee will check 2 residents' medications to ensure only current prescription, OTC, sample and CAM are present weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.92. (Exhibit 6.B – Audit)
- ED will discuss the results of the audit during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion Date: 10/31/22

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented (████) 02/18/2023)